

ROUTING AND TRANSMITTAL SLIP			Date <i>19 Dec 80</i>
TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date	
1. <i>LTC M. Watt, IAOPS-H.S. INSCOM</i>			
2. <i>Reag 4553</i>			
3.			
4.			
5.			

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Attached funded for your project.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org./symbol, Agency/Post)	Room No.—Bldg.
<i>Kyleen B. Bramer</i>	
<i>IAH-8-FM</i>	Phone No. <i>X6947</i>

5041-102

★ GPO : 1977 O - 241-530 (3450)

OPTIONAL FORM 41 (Rev. 7-76)
 Prescribed by GSA
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